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PTO/SB/05 (11-00)

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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 42390P10205
First Inventor Jacob Christensen
Title METHOD AND APPARATUS TO MANAGE PACKET
Express Mail Label No. EL034436055US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- ☐ Applicant claims small entity status.
See 37 CFR 1.27.
- ☒ Specification [Total Pages 46]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 7]
- Oath or Declaration [Total Pages 6]
 - ☐ Newly executed (original or copy)
 - ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 18 completed)
 - ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
- ☐ Application Data Sheet. See 37 CFR 1.76

- ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - ☐ Computer Readable Form (CRF)
 - Specification Sequence Listing on:
 - ☐ CD-ROM or CD-R (2 copies); or
 - ☐ paper
 - ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- ☐ Assignment Papers (cover sheet & document(s))
- ☐ 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee)
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
- ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- ☐ Other:

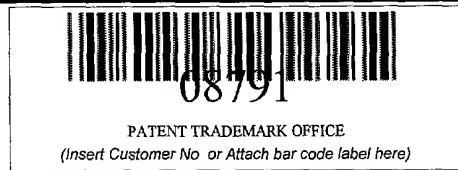
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____
Prior application Information: Examiner: _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

☒ Customer Number of Bar Code Label



or ☐ Correspondence address below

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Name (Print/Type)	Donna Jo Coningsby	Registration No. (Attorney/Agent)	41,684
Signature	<i>Donna Jo Coningsby</i>	Date	12/29/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2000</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision</p>		Complete if Known	
TOTAL AMOUNT OF PAYMENT (\$) 1,462.00		Application Number Filing Date December 29, 2000 First Named Inventor Jacob Christensen Examiner Name Group/Art Unit Attorney Docket No. 42390P10205	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																																				
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit any overpayments to:</p> <p>Deposit Account Number 02-2666</p> <p>Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee(s) Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.</p> <p><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Donna Jo Coningsby	Registration No. (Attorney/Agent)	41,684
Signature	<i>Donna Jo Coningsby</i>	Telephone	(503) 684-6200
		Date	12/29/00

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